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ORIGINAL DEPARTMENT.

Communications.

Abstract of the Report of Dr. Wilson Jewell, on Meteorology and Epidemics for Philadelphia for the year 1859; read before the College of Physicians at its last monthly meeting, Feb. 1st.

The mean temperature of 1859 was three-quarters of a degree below that of 1858, and about two-tenths of a degree above the average for the last eight years.

97° was the maximum temperature for the year, and 2° below zero was the minimum.

The warmest day was the 13th of July, while the coldest day was the 10th of January.

The winter and spring were about 3° above the average temperature for the last eight years, while the summer and autumn were nearly 2° below the average.

The amount of rain that fell during the year was 54½ inches, which was 10 inches more than the average for the last eight years. It was more than 13 inches greater than the quantity which fell in 1858.

The deaths in our city for 1859 amounted to 9,742. This number was less by 955, or 9 per cent. than those in 1858, and 12.19 per cent. below the average for the last four years.

Compared with the returns of deaths and their ratio to population in the following named cities, it will appear that our city presents a very high standard of salubrity; equal to, if

not surpassing the most healthy city in the world.

	Population.	Mortality.	Ratio of deaths to population.	Deaths to each 1,000.	Per ct. of deaths to population.
Providence,	52,000	982	1 in 52.09	19	1.83
Boston,	180,000	3,738	1 in 48.15	21	2.07
New York,	800,000	21,645	1 in 36.09	27	2.70
Philadelphia,	625,000	9,742	1 in 64	15	1.55
Baltimore,	253,000	6,089	1 in 50.02	20	2

The greatest inequality will be seen to exist between the death rate to population of our own city, and that of our sister city, New York. These figures will furnish some idea of the healthiness of the two cities. Notwithstanding the disparity between the deaths in Philadelphia and those in New York when compared with the population of each city, the City Inspector of the latter city says in his last report that, *New York city, at this day, can lay claim to the privilege of being numbered with those of the most healthy in the world.*

It is unnecessary to offer a single comment upon this very extraordinary statement, when the figures contradict so positively the assertion. Philadelphia shows a death rate of 1 in every 64 of the population, and New York 1 in 36.09!

It is to be regretted that the inspector did not avail himself of the above statistical information. The death pressure upon population in New York is nearly double that in Philadelphia.

The city of Providence in a sanitary aspect has been characterized as a model city, and yet a comparison of the figures in the above table shows, that the death rate in our own city was as 1 in 12 less than in Providence.

No epidemic has befallen our city, nor have the usual epidemics prevailed to any extent during the year. In many instances the diseases of the different seasons have been less frequent and more mild in their character.

¹We are indebted to Dr. Jewell for this abstract, and for his promptness in acceding to our request for its early publication.

During the fall and winter months, and in the early spring, croup and inflammation of the bronchia and lungs among children were the prevailing diseases. With croup, there was observed the steady increase in the number of fatal cases that I have alluded to in several former reports. In inflammation of the lungs the deaths did not reach the number recorded for 1858. There was nothing however unusual in any of the winter diseases beyond their usual characteristics.

Scarlet fever, which had prevailed to a great extent for several previous years, was still among us when the year opened. For the most part the cases which occurred did not present a highly malignant type of fever, and yielded readily to a mild treatment. The deaths however were nearly equal to those of the former year, and amounted to two hundred and thirty-two.

I cannot omit to mention in this place the appearance of a few cases of diphtheria, or malignant or putrid sore throat. Towards the latter end of the year these cases increased in number. Several of them, I have understood, were fatal, but whether they were certified to and classed in the record with sore throat, scarlet fever or croup, I am unable to determine, as I find no death recorded from diphtheria. I did not witness a single malignant case of this fatal disease in my own practice, but in a number of cases of sore throat accompanied with high fever, vomiting, frequent pulse and red tongue, which came under my care, I observed a remarkable tendency to congestion of the mucous tissue of the fauces of a dark livid hue, and in a few instances to the exudation of a whitish plastic lymph tending to ulceration. These cases were accompanied with great debility of the system. They were evidently characteristic of the epidemic form of diphtheria, but in a mild type, as none proved fatal.

None of these cases were in any manner involved with scarlet fever, and in one instance the patient had passed through that disease a few months previously thereto. Nor did any of them resemble croup.

How nearly this malignant form of disease,

which has prevailed in several of our large cities and towns to an extent sufficient to create alarm, is identified with scarlet fever or with membranous croup, or whether it derives its origin from a distinct and peculiar poison, becomes an important question for solution. The indications are, that ere long we may have to combat with this formidable enemy, which as yet, particularly in its malignant type, has defied in a majority of instances, the most watchful and judicious treatment.

The invasion of cholera infantum took place about the usual period of the summer, and was most prevalent in July. Its ravages by death, however, were not so great, by 254, as during the previous year. The number of deaths recorded were 408, a lower mortality, compared with population, or deaths from all diseases, than has occurred for many years. The cause of this remarkable diminution in the deaths from this infantile epidemic may be ascribed, in part, to the favorable condition of the summer heat, which was two degrees below the average for the previous eight years—to the absence of a choleraic influence, and the increased facilities for hygienic protection afforded that class of the population, who are deprived of the advantages of a pure atmosphere in their ill-ventilated houses. Thus by cheap rides in easy and commodious city railroad cars, in almost every direction, they reach, within a few minutes, the rural environs of our city, and there, with their feeble, sickly, and emaciated offspring, enjoy the luxury of inhaling the pure, cool and invigorating air of the country.

Of the entire number of deaths for the year, 5,157 were males, and 4,585, were females. An excess of 12.52 per cent.

Still-born children foot up 658 during the year. These, with deaths from casualties of various kinds, and from debility, and old age, numbering in all 1,709, should be deducted from the total mortality, if we would ascertain the deaths from morbid causes. By this analysis, there will be found only 8,033 deaths, or one death in every 76.5, of the population, have been caused by diseases. This view will

present the sanitary condition of our city in a still more favorable light.

Before the expiration of the first year of life 2,969 children perished, exclusive of still-born. Before the tenth year there perished 5,005, or 51.37 per cent. more than one-half of the annual mortality.

This large proportion of waste of infant life in our city, presents a sad picture of the prevalence of sanitary evils, and of mismanagement on the part of parents and others, who have the oversight of this interesting portion of our population.

The deaths under twenty years were 5,415, while those above that age were 4,327. This division gives 55.58 per cent., of the mortality to the children, or those under 20—that period constituting the division line between adults and minors. In 1858, the deaths in New York city, of those under 20, were 67.70 of the whole number, an excess of 14.32 per cent. over our own city for the same year.

Consumption of the lungs furnished 1,505 deaths. This amount is 9 per cent. less than in 1858. Contrary to what is usually observed the male deaths were in excess of the female 7.57 per cent.

The deaths from this disease were equal to 19 per cent. of the total mortality. To the population they were as 1 to every 415.29—or as 2.40 in every 1,000.

The heaviest mortality from consumption, in any decade of life, was between that of 20 and 30 years.

Convulsion claims 520 deaths, and maintain an ascendancy over any other disease of infancy in swelling the bills of mortality.

The number of deaths from the various fevers amounted to 560. This limited amount exemplifies the healthy condition of our city, when placed in comparison with those of former years, and with the deaths from fevers in other large cities. The proportion to all causes, exclusive of still-born, was, as 1 in every 13, or 7.16 per cent.

The deaths from scarlet fever give 232, nearly equal to those in 1858. The epidemic influence still lingers with us, and, according

to the returns for the last quarter of the year, may be on the increase.

Of deaths from small-pox, but two occurred during the entire year, and none from varioloid.

I cannot refrain from expressing the conviction, judging from the evidence afforded by the statistics of former years, that, ere long, our city may suffer from an epidemic influence, which shall inflict upon us that most loathsome of all diseases, small-pox. Adopting this opinion, I regret to add, that we are by no means in a proper state of protection, as far as relates to prophylactic measures, to contend with this dangerous enemy to life—from the fact, that for several years public vaccination has been fearfully neglected, through the supineness of our public authorities in declining to appoint collectors of cases for vaccination as in former years. As a consequence of this omission, only 195 persons were vaccinated, under this ordinance, during the year. No censure, whatever, can be laid upon the medical gentlemen, appointed by councils as vaccine physicians. Their duty is, to vaccinate, gratuitously, all persons who call upon them at their offices, which duty they have faithfully performed. The imperfection exists in the want of collectors of cases, who shall make house to house visits in the several wards, and gather the names and residences of the hundreds of children, and even adults, who are unprotected by vaccination, and who, in the event of an epidemic of small-pox, may fall victims to its ravages. For the past six years, but few of those, for whom this humane ordinance is intended, have undergone the process of protection, when compared with the many who received its benefit in previous years, under the ordinance recognizing collectors of vaccine cases. On more than one occasion the board of health have called the attention of councils to the importance of an improved system of vaccination, but without any favorable response. The medical profession have spoken their minds freely on this subject, and in the event of an epidemic of small pox visiting our city, in its present unprotected state, as far as public vaccination is concerned, let the censure fall where it properly belongs.

Operation for Procidentia Uteri, by R. J. Levis, M. D., Surgeon to the Philadelphia Hospital.

Reported by J. W. Loez, M. D.,

Resident Physician.

Mary Birch, aged twenty-nine years, was admitted into the Philadelphia Hospital February, 1858, suffering with procidentia uteri, of four years duration. The procidentia appeared soon after a complicated instrumental labor.

The patient was anæmic and debilitated, her system vitiated by venereal taint. Her sufferings from the dragging pain, inflammation and ulceration of the protruded parts, and difficulty of urinating, were very great, obliging her to spend much of her time in bed.

From the time of her admission until November last, the varied resources of the physician and obstetrician had been employed in vain; the different forms of pessary, globe, ring, horse-shoe and others, had been introduced, all being either inefficient or intolerable, the patient declaring that they not only increased her local distress, but, by the irritation they produced, impaired her general health.

At this time it was determined by Dr. Levis to attempt relief by an operative procedure. After the administration of an anæsthetic, the patient being completely influenced, was placed on her back with her hips at the lower edge of a high bed, in the usual position for the operation of lithotomy. The prolapsed parts were then carefully examined.

The uterus and bladder were greatly prolapsed, the former with the inverted vagina protruding some distance through the os-externum. The os-uteri was ulcerated, and all the prolapsed parts irritable, and covered with a whitish disagreeable secretion. The anterior wall of the vagina, with the bladder, protruded in front and somewhat in advance of the mouth of the uterus. A catheter introduced into the prethra passed in an outward direction.

The organs were replaced in their normal positions, and retained so by a speculum, of the form suggested by Dr. Sims, for operations

in the vagina, which served also well to dilate the cavity. The following operation was then performed :

A V shaped outline was made on the posterior wall of the vagina, with the scissors and toothed forceps. A triangular surface on the mucous membrane of the vagina, included in the above outlines, with its apex near to the os-uteri, and the base along the edges of the labia, was slowly and carefully pared away with the knife and scissors. Silver wires were then introduced into the edges of the mucous membrane of the vagina, extending across the excised surface, so that when the edges were approximated, and the wires tightened and twisted, the vagina would be made extremely narrow. Twenty interrupted sutures were in this manner introduced, a row of them forming a vertical line in the vagina, and another row at a right angle to it, extending along the vulva to the posterior commissure.

The vagina was thus so narrowed that one finger only could by pressure be introduced into it.

The patient was placed comfortably in bed, with the hips raised so that the superincumbent viscera should not by gravitating press on the stitches. A wet towel was applied to the vulva, the urine frequently removed with a catheter, the patient kept at rest, and the bowels constipated with morphia.

Immediate union took place along the whole excised surface, not a single stitch yielding. The sutures, on account of the inconvenience of removing them from such a narrow cavity, were allowed to remain after the union was completed, supposing that they would in a short time loosen, but after the lapse of eight weeks many of them were found still holding, producing no irritation, and were at that time removed.

No protrusion of the uterus is now possible, and the condition of the woman is much improved and her sufferings relieved. The bladder with a fold of the anterior wall of the vagina still present at the narrowed vaginal orifice, and some irritation at the neck of the bladder continues. This is, however, decreasing, but should it not be removed, the ante-

prior wall of the vagina may, by a slight operation, be narrowed so as still better to support the bladder.

The patient seems to be regaining her health, and is now able to attend to ordinary duties.

This operation is one of those in which the metallic sutures, if not essential, add much to the probability of success.

The frequency and often, to ordinary palliative methods, intractable character of the infirmity among those who are obliged to undergo continued exertion for a subsistence, and the exhausting suffering which attends it, make the condition one well deserving the consideration of the surgeon, and its relief a triumph for humanity.

On the Use of Chlorate of Potassa.

By F. McGRATH, M. D.,
Of Pittsburgh, Pa.

This salt, so long neglected as a remedial agent, and now so generally used in affections of the gastro-intestinal mucous membrane, is by most practitioners highly recommended, while some, more guarded, caution against its supposed toxic properties, and a few seem to consider it as almost inert. Having had some experience in its use, I deem it right to add my mite to the general fund.

For several years past I have had medical charge of an orphan asylum, very many of the inmates of which, during the years 1855 and 1856, suffered severely from an epidemic ulcerous stomatitis, in some cases of a very intractable form, with ulceration round the anus, which greatly increased their misery. The usual local and general treatment in such cases, with an improved dietary and cod liver oil, did either cure or improve their condition; but relapses and new cases were so frequent that the disease seemed to have acquired for itself a local habitation in the institution. An able report from the pen of Dr. Hutchinson, in *Braithwaite's Retrospect* for January, 1857, attracted my attention, and I determined to give the chlorate a fair trial. My patients were all children under 10 years. I gave the salt in 3,

5 and 10 grain doses, according to age, in combination with 1 gr. of Dover's powder, to allay irritation, three times daily in a little syrup, all other remedies being discontinued except the occasional local application of solution of nitrate of silver. The improvement was truly gratifying, even in the most obstinate cases. From its use every trace of the disease is long since banished the institution and our orphans freed from a terrible scourge. So much for its efficacy in endemic epidemic stomatitis.

I have tried it with good effect in some cases of ozena in adults in half ounce doses in solution. In a severe case of ulcer of the pharynx in a female, assuming all the appearance of a gangrenous eschar, I ordered it in similar doses, but found it necessary to aid its effect by the strong solution of nitrate of silver.

As to its use in diphtheria I have not had sufficient experience, as very few cases of that disease have come under my notice. In one, occurring in a soft unhealthy child, it terminated fatally, the disease having spread into the larynx. In two others I was more successful, but think the strong solution of nitrate of silver had as much to do with the cure as the chlorate, though I relied on it as an internal remedy. The other six or eight cases were almost too mild to be classed in this disease, but I may attribute their mild character to timely treatment and the early use of the chlorate, which I gave in solution in small doses in each. Whether the chlorate of soda may not be equally efficient in those cases I cannot say, but I feel satisfied that we possess in the chlorate of potassa a safe and certain remedy in all ulcerated states of the mucous surfaces of a non-syphilitic character. As to its toxic properties, they certainly are not apparent in the medicinal doses likely to be made use of, which I think in no instance need exceed a drachm.

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Elias Ashmole the author of "Theatrum Chemicum Britannicum," in his diary, April 11th, 1681, says "I took early in the morning a dose of good elixir and hung three spiders about my neck, and they drove my ague away—Deo Gratias!"

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL,

FEBRUARY 4TH,

Servive of Dr. Francis G. Smith.

Dr. Smith, after a few introductory remarks upon the motives which had led him to seek the position which he occupied, the chief of which was that he might have more extended opportunities for the investigation of disease, and be the better prepared for the practice of medicine in his more private sphere: introduced himself to the class frankly as a student of medicine; older, perhaps, and more trained in the investigation of disease than some whom he addressed, but none the less a student himself. He felt that he stood on common ground with those who listened to him; that a sympathetic tie connected him with those younger in the same pursuit. His object was to teach clinical medicine—medicine at the bedside. In entering upon the duties of his course, he felt that there were several points which it was imperatively necessary to impress on the minds of the class. Foremost among these were unvarying kindness, prudence and patience, to be exercised towards the sick; next was the importance of system in the examination of patients. He dwelt upon the importance of cultivating a systematic mode of examination, and explained the mode of Roslan as adopted by Bennett.

Pathological Specimens. 1st. Latent Pneumonia Lungs and Brain.—This was a case which had been presumed to be pleurisy. Its history could not be obtained from the patient, as when he entered the hospital he was evidently laboring under confusion of the intellect. His pulse was a little above the normal standard, then there was a slight pleuritic hacking, somewhat hurried respiration, cutting pains in the right side, but no marked pyrexial symptoms. The physical signs observed were bronchial respiration and slight friction sounds on the right side. These continued for a day or two, when slight crepitant rales in the left lung led Dr. S. to suspect pneumonia. This sign changed rapidly to subcrepitant and submucous rales and gurgling. The patient sank rapidly, became decidedly delirious, and died in the evening of the day before yesterday. The case was one of latent pneumonia.

Inspection of Lungs and Brain.—The right lung was in the state known as hepatization; it was perfectly solidified. The left lung exhibited the engorgement of pneumonia in its first stage. When squeezed, there exuded from its cut surface a frothy

serum, which was one of the pathognomonic signs of early inflammation of the parenchyma of the lungs. It floated upon water. From the right lung, when cut and pressed between the fingers, only a bloody serum was expressed. No air could enter the vesicles; they were entirely obliterated. This lung sank in water. Thus much as regarded the chest:—The condition of the brain explained the delirium under which the patient labored. In this disease we often had this symptom: it depended in this case, not so much on the disturbance of the respiratory system, and the accumulation of matters which should have been eliminated from the blood, as it did upon a congestion of the brain, and a meningeal inflammation. There were traces of recent lymph upon the surface of the brain. This case, Dr. S. remarked, was one of interest in consequence of the difficulty in regard to the subjective symptoms and the resulting obscurity it presented in its course as well as previous history, and illustrated the extreme care which should be exercised in making both the diagnosis and prognosis of acute disease, the onset or early stage of which has not been brought to our knowledge.

2nd. Acute Phthisis. Lungs, Intestine, &c.—These were specimens from a negro sailor who was admitted to the hospital a month ago, and who rapidly sank with acute phthisis. The substance of both lungs was infiltrated with tubercles. One lung was extensively ulcerated, and contained numerous cavities filled with pus. In the other there was one small cavity, whose sides were studded with tuberculous deposits. Another point of interest was the condition of the alimentary canal. Numerous ulcerations were found in the large intestine, extending through the muscular coat, and laying bare the peritoneal coat. The mucous membrane presented the appearance of being punched out with a sharp instrument. Had the patient lived longer, perforation would probably have taken place. When tubercles are deposited in the lungs in great quantity, they are very commonly found in the bowels and mesenteric glands: diarrhoea results, and the patient dies, as in this case, exhausted by excessive discharges.

Dropsy: General Remarks upon different Forms, Causes, &c.—Dr. Smith remarked that he proposed to show several cases of well marked instances of this disease. He had called it a *disease* although it was not such of itself, but was a *symptom*, the result of an obstruction to the circulation. In consequence of a stasis of blood in some portion of the venous system, an effusion of the watery parts of the blood takes place either in the cavities of the body or in the cellular tissue. This effusion receives various

names, according to the regions of the body in which it occurs.

A mechanical obstruction to the circulation may be produced in various ways; thus, a tumor or large ovary pressing upon the ascending vena cava would produce dropsy of the inferior extremities; or a ligature placed around the arm would, by its mechanical obstruction, cause an effusion of serum into the cellular tissue of the distal extremity.

Dropsy is sometimes dependant on a relaxed condition of the blood vessels. If the veins have lost their tone, in a debilitated condition of the system, there will be a difficulty in the reflux circulation; the vessels dilate, a stasis of blood takes place, and effusion occurs. This is often observed in the swollen feet of those who get up after acute diseases, or in those whose occupation obliges them to maintain a standing posture, as dentists and others.

Another circumstance giving rise to dropsy, is an impeded circulation in consequence of disease of the heart: hence it is one of the symptoms by which our attention is often directed to that organ. Suppose, for instance, the left auriculo-ventricular valve to be constricted, or its closure to be imperfect; either the onward flow of the pulmonary veins is impeded, or the force of the ventricle is partially expended upon the pulmonary veins. The resistance extends to the capillaries of the pulmonary circulation, congestion of these vessels impedes the flow of the pulmonary arteries; the right ventricle becomes overloaded, and thus the whole venous system finally becomes engorged with blood. Anasarca thus very frequently results from organic disease of the heart.

Inflammation and enlargement of the liver may be the cause of dropsy, in consequence of pressure upon the portal system into which the blood of the chylipoietic viscera empties itself. The blood accumulates on the distal side of the obstruction, and a serous effusion takes place. It is in the peritoneum that this occurs, and ascites is the result.

Again, dropsy may be produced by obstruction of the renal circulation, from irritation, cold, or any other cause which occasions an increased afflux of blood to the kidneys. It is upon this condition that the affection in chief depends when it follows in the course of scarlatina. Here the irritation over the whole surface of the body is afterwards transferred to the kidneys. The uriniferous tubes become blocked up with an excessive accumulation of epithelium; pressure is thus exerted on the portal system of the kidney, and in consequence of a stasis of blood in the Malpighian corpuscles, these allow serum to exude from their walls, or burst, and admit the escape of blood corpuscles and fibrine. Casts of the tubes may thus be formed, which are easily detected in the urine by the microscope.

Case 1st. Abdominal Dropsy.—Jane C—, aged 49 years, was taken with hæmatemesis, November, 1857. We are enabled to diagnosticate it from hæmoptysis by the dark color of the vomited fluid and the sense of nausea which preceded the vomiting. She had two attacks of this, besides dark bloody discharges by the rectum. She recovered from this attack: but in August, 1859, there was a return of the hæmatemesis. Ten weeks ago she noticed some swelling of the feet; and in December last, swelling of the abdomen. Previous to this she complained of pain in the right shoulder and right hypochondrium, and of inability to lie on the left side. Her urine was scanty, high colored and tinged with bile. Her dejections were light colored.

Inspection.—The abdomen, you perceive, is extremely large. It bulges at the flanks, and with palpation you see a wave run across it. On percussion it is extremely resonant at the umbilical region, and dull at the lateral portions. The dullness shifts as she turns upon her side.

That this is not ovarian dropsy, is probable from the uniformly diffused swelling. It is true that a unilocular cyst might present the same symmetrical appearance; but its growth would have been first noticed on one side, and the sounds elicited by percussion would be different. We should notice dullness in the centre of the abdomen, where the tumor has taken a position in front of the intestines, and resonance of the flanks from the presence of large intestine.

The diagnosis is ascites, dependent on obstruction of the portal circulation. The hæmatemesis seems to point to this. It is probable that the vomiting was caused by engorgement of the veins of the stomach with blood: these are some of the numerous veins which empty into the vena portæ, and their congestion, as well as the other signs, would point to the liver. The disease is probably of an inflammatory character, in which the capsule of Glisson is involved.

Treatment.—The great point is to promote absorption of the fluid. To do this we must set the kidneys, or the mucous membrane of the alimentary canal at work in drawing off from the vascular system. The fluid must be taken up by endosmosis into the veins. When the blood vessels are already full, depletion is indicated, as proven by the experiment of Magendie, who threw a quantity of colored fluid into the peritoneum of a dog. There was no absorption of the fluid—he opened a vein, when absorption visibly took place. The patient has taken the infusion of juniper berries with bitartrate of potash, (an ounce of each to a pint of boiling water,) in doses of a wineglassful three times a day. This has had some effect already in relieving her symptoms. Her stomach is not so tight; she moves

about more readily, and passes more water. Compression of the abdomen by means of a broad roller may prove serviceable, by forcing the fluid, as it were, into the blood-vessels. I will order the region of the liver to be anointed with equal parts of mercurial ointment and the compound iodine ointment.

There is another point of the diagnosis which is a corroborative test of disorder of the hepatic circulation. When there is a disorder of the liver the kidney frequently takes on itself a supplementary action. We have discovered in this patient's urine some of the coloring matter of the bile, by a test which I will repeat in your presence. A white plate is moistened with a small quantity of urine, with which a drop of nitric acid is mingled. You observe the commencing play of iridescent colors, which gradually passes through various shades—pink, violet, blue, and green being observed.

Case 2d. Renal Dropsy.—This was a case dependent on obstruction of the renal circulation, the precise cause of which Dr. S. had not yet been able thoroughly to satisfy himself upon. There was marked oedema of the feet and upper extremities, and puffiness of the eyelids. The evidence of the renal disease was the presence of albumen in the urine, as shown to the class by the tests of nitric acid and heat. In this connection, Dr. S. cautioned the class against relying upon the test of heat alone, because some salts of the urine (earthy phosphates) were deposited when it was heated. The urine, also, should be used fresh—if allowed to stand, the urea would be converted into carbonate of ammonia and the nitric acid might be sufficient only to neutralize the alkalinity of the urine.

The treatment consisted of the administration of squills, digitalis, and bitartrate of potash. The quantity of albumen had already been diminished, and there was less oedema.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

MEETING OF FEB. 8TH.

Extensive Cystic Degeneration of Kidney—Foreign Body in Thumb-joint—Heart, Hypertrophy, Tape worm.

The Society met, Dr. Krakowitzer in the chair.

Cystic Degeneration of the Kidney—DR. SAYRE presented a specimen of several cysts of the kidneys, with the following history:

Dr. S. W. H—, aged 39, of a large and robust frame, had slight hemorrhage from the urethra, about eleven years ago, accompanied with intense

pain in the region of the right kidney. The blood continued to pass in clots for several days, the patient still suffering great pain. He was leeches and bled from the arm very freely for three days in succession, and was confined to his room about six weeks; he convalesced very slowly in about six months, when he went to California for his health. He there was attacked with the Chagres fever, which prostrated him very much, and left him with a diarrhoea, which continued for nearly 18 months, the passages being, most of the time, more or less mixed with blood. For the past ten years he has been compelled to pass his water nearly every half hour, day and night, his wife says, he never got up less than eight times in the night for this purpose, and more frequently ten, or twelve. He never complained of pain, but suffered from intense thirst, always drinking a tumbler of water after getting up to pass his urine, and would drink several pitchers full in the course of the day. The only other symptom that was noticed was a constant and intolerable itching of the anus, which gave him great annoyance ever since his first hemorrhage, eleven years since. Within the past year, he has complained of fatigue and uneasiness, desiring constantly to rest in a horizontal posture. He, however, continued at his profession, (that of a dentist,) but would frequently leave his patients, to rest a few minutes on the sofa. All this he attributed to his growing fat; he was surprised, however, to find that his increase in size was confined entirely to his waist.

For the past year, whenever he used the furnace to bake his porcelain, he has suffered from epistaxis, which continued for several days, generally a week. He has also suffered within the last year from boils, on different parts of the body, having had as many as a hundred.

On Monday, the 9th of January, 1860, he complained of pain in the region of the right kidney, for the first time in ten years. This continued to increase until the 14th, when it became very severe. About three o'clock, he laid down and opened his pants, complaining of their tightness, he then pressed both hands on his loins, and requested his wife to rub and press him there. While she was doing this, he suddenly jumped up, crying out "there, something has given way, now it's coming," immediately after this, the blood started and he passed nearly three quarts. I saw him a few hours afterward in consultation with Dr. Seniff, and found him bathed in a cold, clammy sweat, pulse 130, easily compressed, small and feeble. He still complained of pain, and a sensation of weight in the region of the right kidney. He was then put under the influence of morphia, and did not evacuate his bladder for thirty-two hours, after which time,

he passed about a pint of blood mixed with a small quantity of urine. Whether the check of the secretion from the kidneys was due to the loss of blood, or the use of morphia, I was unable to determine. He continued to pass blood and urine for three or four days, when the secretion again became clear and transparent. On the 20th, he had a slight convulsion, which was followed by a copious hemorrhage and increased pain in the right kidney. A large sized catheter passed readily into the bladder, showing that there was no obstruction to the urethra. The bladder, however, was evidently very small and corrugated, as a grating feel was communicated to the hand, when a circle was described with the instrument.

A distinct tumor could be detected on the right side, commencing just above the ilium, and extending upward in the region of the kidney. It had an elastic, fluctuating feel, like an intestine filled with air, but was not resonant on percussion, the contents being evidently fluid. It was, therefore, diagnosed as being in some way connected with the kidney. He died in a convulsion on the 30th of January, and on making a *post-mortem* examination, we found the following condition of the kidneys:

<i>The Right Kidney.</i>		<i>The Left Kidney.</i>	
Weighted,	4 $\frac{3}{4}$ lbs.	Weighted,	3 $\frac{1}{4}$ lbs.
Length,	13 $\frac{1}{4}$ inches.	Length,	11 inches.
Breadth,	7 "	Breadth,	5 $\frac{1}{4}$ "
Thickness,	4 "	Thickness,	3 $\frac{1}{4}$ "

The kidneys are almost entirely made up of cysts, ranging in size from a large walnut to a small pea. The contents of the cysts are not uniform, some are filled with clear, transparent, serum, some have in their interior a gelatinous looking material, others contain a purplish fluid, and still others are filled with a jet-black material which consists chiefly of blood. All the black and bloody cysts are situated in the right kidney, which gives to the whole mass, a deep mahogany color. The left kidney is made up of clear, transparent cysts, and is of rather a pale appearance. In the pelvis of the right kidney there is to be seen a blood vessel of considerable size, which has been ruptured. This may account, to some extent, for the sudden and profuse hemorrhage. Both kidneys have undergone to a considerable extent the fatty degeneration.

The bladder was very small, and the muscular coat hypertrophied. The mucous membrane was slightly thickened, but contained no hemorrhagic spots. All the other abdominal organs were perfectly healthy. The lungs were much compressed by the upward growth of the kidneys, but were healthy. The brain was not examined.

Dr. CLARK remarked, that in all the specimens presented to the Society, the history of the patients had been quite uniform. The history of the disease

can be summed up in a few words. Patients, who have carried these cystic kidneys, have rarely exhibited any remarkable symptoms of disease, until within a few days before death, and have generally been able to attend to their employment. The urinary secretion keeps up tolerably free, until we come to a certain point, it then diminishes very rapidly, then almost ceases, perhaps ceases entirely, and in a few days, two, three, or four, symptoms of coma set in, and the patients soon die. In one instance, death was preceded by convulsions. It is quite probable, that both the convulsions and the coma are but the results of uræmic poisoning, consequent upon suppression of the urinary secretion.

It seems surprising that a person suffering from such an amount of disease should enjoy comparatively good health until within a few days before death. We can only explain this by the fact that the *true* kidney structure is not involved in the cystic disease. It has been found that however numerous or however large these cysts may be, the *intervening substance*, with the exception of what is taken up by the walls of the cyst, is true kidney structure, containing tubes and vessels, the latter being of course somewhat differently arranged. At the same time there is kidney structure, and until the pressure upon it by this foreign tissue becomes very great, it will continue to perform the office of the kidney. But finally this healthy structure becomes very much compressed by the increase in size of the cyst; suppression of the urine takes place, and death occurs in the manner already referred to. A word or two in regard to the *origin* of these cysts. They are not, as has been often said, the result of obstruction of the uriniferous tubes, and subsequent distention into a cyst. This is one view, others again, have supposed that the disease originates in the epithelial cell of the uriniferous tube, which, by taking on a morbid condition, grows into a monstrous cyst. This cannot be regarded as the true explanation. It has also been advanced that these cysts were the result of hypertrophy of the *Malpighian* body. The true explanation, however, I believe, to be the following: This cystic degeneration is the result of an *entirely new formation* and does not depend upon the alteration of pre-existing normal structure. This independent cystic growth commences by the formation of oval microscopic cells, the most of which contain a considerable quantity of granular matter; many of them having no distinct nucleus. These grow in great numbers in the *inter-tubular spaces*; the tubes themselves not being interfered with in any manner, except by pressure, as the cysts increase in size. These cells seem to derive their nutriment from the same vessels that furnish the secretion of the urine, only they receive nourishment outside of the tubes. I have been able, in

specimens, to trace these cells up from those only 1-1000 of an inch in diameter, to those which are just visible to the naked eye, and from these, up to cysts as large as those in the specimen before us. Dr. Clark remarked, in conclusion, that he was glad to be able to state that Dr. Isaacs also entertained this view, and that the statement now, no longer rested upon the investigations of a single observer.

Dr. SAYRE remarked that the views of Dr. Clark were also confirmed by *Rokitansky*, in the last third edition of his celebrated work on pathology.

Dr. CLARK remarked that the presence of clotted blood within the cysts, was an interesting feature; so far as he could recollect, it was not present in any of the former specimens.

Foreign Body in Thumb Joint.—Dr. CONANT presented a piece of an iron nail, about one-half an inch in length, with the following history. A patient presented himself five weeks ago at the Demilt Dispensary, complaining of pain and inability to move the thumb. The joint at the metacarpo-phalangeal articulation was found to be very much swollen and tender. On inquiring whether he recollected of receiving an injury, he said that some five weeks before while engaged in handling some old boards, one of them fell and struck him upon the thumb. Since that time he has been unable to move the thumb. He stated very positively that at the time of the injury, the skin was not broken. On further examination, Dr. CONANT felt something moveable under the skin, and on cutting down removed this portion of nail. At the time of the operation, the bone did not seem to be much diseased, but after the nail had been removed, the stiffness of the joint still remained about as bad as ever. The doctor then cut down and resected the upper portion of the bone, care being taken to dissect off the adductor muscles from their attachment. Ten days after the operation, the patient had entirely recovered the use of the joint.

Dr. COCK presented a heart and two beautiful specimens of the *Fenia Solium*, one with the head entire, taken from the body of a man, 39 years of age, who entered the New York Hospital on the 7th of October, 1859. He was then treated for cardiac disease and was soon after discharged. He afterwards again entered the institution, and was treated for tape-worm, with infusion of the seeds of the pumpkin, under the administration of which some thirty feet of the worm was discharged. He then at his own request left the hospital. Shortly afterwards he took a large dose of laudanum from which he died, when a *post mortem* examination was made.

The heart when removed weighed thirty ounces, there are some patches of atheromatous deposit on the mitral and aortic valves.

The two tape worms were found in the intestinal canal, with their heads pointing towards the *duodenum*.

Dr. COCK further remarked that this was the only specimen he had ever seen, where the head was connected with the body.

Dr. CLARK remarked that the question had often been raised, whether tape-worms occurred in any persons, except those who were *eat*ers of pork, and also whether any cases of this disease actually originated in this country. When this subject was last discussed before this society, no member was able to name an instance where the disease had been found in a person born here, and who had always lived here. Since that time, Dr. CLARK had heard of two or three cases occurring in natives of this country. [The great immunity from tape-worm enjoyed by the inhabitants of this country, is chiefly due to two circumstances. First, in the almost total absence of mearly pork in our markets, it being in fact so rare that the connection between diseased pork, and the development of tape-worm in the human system is unknown to the great majority of the community. In Cincinnati where thousands of hogs are slaughtered annually, such a thing as measles is unknown.]

2d. The inhabitants of the United States as a rule, never eat *raw pork*, but use it in some one of its *cured* forms, such as bacon, salt pork, etc., and it is now well established that these very processes of curing, destroy the vitality of the parasite.

From the "Report furnished to the provision merchants of Cork, by Dr. ALEXANDER FLEMING, Professor of *Materia Medica*, Queen's University, Ireland, in January, 1856," we extract the following very interesting remarks, directly applicable to the questions raised in the discussion of this subject. "The measles of the pig is an animal parasite, the *Cysticercus Cellulose* or bladder flesh worm. It infects the muscles of all parts of the body, but is found most frequently in those of the tongue, loin, and neck, and is often seen lying between the muscular fibres of the heart. It is seen as an ovoid bladder, from two to four lines in length, formed by a thin transparent membrane, and enclosing at one extremity an opaque body of a white color. This is the worm coiled up, but which when unfolded exhibits a head, neck, and pear shaped vesicular tail. The head is armed by a crown of barbed hooklets, around which are placed four sucking mouths, and the neck is formed of a series of rings which gradually lose themselves posteriorly on the dilated and bladder-like tail. In the interior of the worm are a number of microscopic cerpules. The average diameter of these bodies is 1-1500 of an inch, and their usual form that of a flattened circular disc; but they vary both in form and size. It is highly

probable, if not quite established, that measles originate in the eggs of the tape-worm, which infests the bowels of the dog. Each mature joint of the last parasite contains many thousand eggs. These, when voided by the dog, are resolved into a fine dust, and are scattered by the wind, and thus mixing with the food or drink of the pig, enter it, and are converted into the measles or flesh-worm, which latter is but an imperfect condition of the tape-worm. LEUCHART has traced in the rabbit the passage of the embryo tape-worm into the *blood vessels*. The eggs are quickly hatched in the stomach, and the young tænia bore their way with their lancet-armed heads, through the mucous membrane into a blood vessel. With the blood they are carried in the *rabbit* to the *liver*, to be there arrested and developed into hydatids or cysticerci. In the *lamb*, the young tænia are carried with the blood to the brain, where they fix and grow into the cystic parasite, named *Cœnurus cerebralis*, and within two weeks from the commencement of the experiment the lamb is affected with the "staggers."

The origin of tape worm in man from the measles was rendered probable, by the greater frequency of the disease among the consumers of raw flesh, and particularly of *raw pork*, as the Abyssinians, the natives of Norrahusen, etc., but KEUCHENMEISTER has given a degree of certainty to the connexion by experiment. He fed a condemned person with measles, and found tape-worms in his body after execution. The parasites were given three days before death, in five doses of about a dozen each time, disguised in soup. Ten young tape-worms were found in the intestinal canal, attached to the mucous membrane in the usual way.

The use of raw, measly flesh cannot, however be the only source of tape worm in man. This parasite occurs among the very poor, who scarcely eat flesh of any kind, and it plagues the Hindoo, who lives almost exclusively on rice. It may perhaps result from the direct introduction of the tape-worm eggs or young tænia, with the food or drink into the stomach. KLENCKE many years ago, asserted that he had found microscopic young tænia in ditch water, and the frequency of tape-worm in Vienna has been attributed to the water of that city, in which young tape-worms have been found.—*Reporter.*]

NEW YORK STATE MEDICAL SOCIETY.

The fifty-fourth annual meeting of the New York State Medical Society commenced its sessions at Albany on the 7th inst. Over one hundred and forty delegates were present at the meeting, which was larger than any previous meeting of the Society, and comprised many of the most distinguished physicians of the State.

The Society was called to order by the President,

Dr. J. FORDYCE BARKER, who addressed the members.

Delegates in attendance then presented their credentials, which were referred to the committee on credentials, consisting of Drs. Percy, Willard and Hoff.

Dr. BRINSMADE offered the following resolution, which was adopted:

Resolved, That hereafter all physicians who may be invited to take part in the deliberations of the Society, must be proposed by the committee on credentials.

The President announced the following committee on nominations:

1st District—	Dr. E. Harris.
2d " "	Dr. Wm. Govan.
3d " "	Dr. Mason F. Cogswell.
4th " "	Dr. Samuel Shumway.
5th " "	Dr. Wm. Taylor.
6th " "	Dr. Geo. W. Bradford.
7th " "	Dr. C. B. Coventry.
8th " "	Dr. — Mack.

Dr. TAYLOR offered a resolution that a copy of the Transactions of the Society be sent by the secretary to each member of the Society. Adopted.

Dr. BLATCHFORD, from the committee appointed at the last annual meeting of the Society, on the subject of the "Second Degree of Medicine," presented quite a lengthy report, and after reporting progress, asked to be continued, which was granted.

Dr. C. B. COVENTRY, from the committee appointed at the last annual meeting, under a resolution "that it is expedient to establish a commission of lunacy," and to report at this meeting the best method of effecting the object, presented their report, and offered the following resolutions:

Resolved, That a petition from the Society, signed by the President and Secretary, be presented to the Legislature, in favor of the appointment of a Commission of Lunacy, in accordance with the former resolution of the Society.

Resolved, That a committee of — be appointed to confer with the committee of the Senate, on the subject of such appointment.

Resolved, That the members of the State Medical Society, so far as practicable, confer with the members of the Legislature from their respective districts, and urge the necessity of the measure to their favorable consideration.

The report was accepted, and the resolutions set down for discussion on Wednesday morning.

Dr. BRINSMADE offered the following preamble and resolution:

WHEREAS, the American Medical Association, at its last annual meeting, has recommended several subjects of importance to the consideration of State and County Medical Societies, therefore

Resolved, That a committee of three be appointed to examine these resolutions of the central association, and report to the Society, as early as convenient, what action, if any, may be necessary.

Adopted, and Drs. Brinsmade, Van Dyck, and Wm. Taylor, were appointed such committee.

The Secretary announced a communication from the American Medical Association, on the subject of "Criminal Abortion," which was referred to the last named committee.

A motion was made to permit Dr. Bly, of Rochester, to exhibit an artificial leg.

Objections were offered to taking up the time of the Society, thus early, in this manner, and permission was refused.

Drs. Sanders, Coates and Bissell, were appointed a committee to invite the Governor and the medical members of the Legislature, to attend the sessions of the Society.

Dr. STURTEVANT then read a paper on "Hypodermic Medication," which was received and referred to the Publication Committee, and the thanks of the Society were returned to the author.

An invitation was received from Governor Morgan, inviting the officers and members of the Society to visit the Executive Mansion on Wednesday evening. Accepted.

Dr. F. J. D'AVIGNON read a paper on "Fracture of the lower third femur, two years afterwards non-union of the bones," &c. Referred to Publication Committee.

The President announced that, owing to physical inability, he should be unable to deliver the Annual Address for publication.

Recess until 3 o'clock.

AFTERNOON SESSION.

The Society reconvened at 3.30 P. M.

Communications were received from the Medical Societies of Chenango, Madison and Chemung counties. Referred to Publication Committee.

Dr. S. D. WILLARD presented a biographical notice of Joel Edwin Hawley, M. D. Same reference.

The Secretary presented an obituary notice of Jonathan Purdy, M. D., by Dr. George Burr; also, a biographical memoir of Silas West, M. D., by Dr. George Burr. Same reference.

The report of the Committee on Medical and Surgical Statistics was read by the Secretary, accepted, and the committee continued.

The Secretary read a letter from Dr. J. H. Griscom, announcing that the Common Council of the city of New York had kindly presented to him, for distribution among the members of the Society in attendance, one hundred copies of the "Report of the Proceedings and Debates of the Third National Quarantine and Sanitary Convention."

The thanks of the Society were voted to Dr. Griscom and the authorities of New York.

Dr. I. R. PERCY presented "The Transactions of the New York Academy of Medicine," vol. 2, part 4th, containing the report of the Committee on City Milk.

Dr. FINNELL moved that it be referred to the Publication Committee. Adopted.

The Secretary presented the Transactions of the Medical Societies of the States of New Jersey, New Hampshire, Tennessee and Connecticut, for the year 1859.

Dr. JOHN BALL presented a paper on "The Extirpation of the Eye." Referred to the Publication Committee.

Dr. ARMSTRONG presented a memoir of Dr. Backus, which was referred to the same committee.

Dr. E. W. ARMSTRONG read a paper on "Observations on Medical Prosecutions." Referred.

Dr. MASON read a communication from the Kings County Medical Society, being a history of measures adopted by it for the increase and diffusion of medical knowledge amongst its members, and of its attempts to add to the general fund of professional information. Referred to Publication Committee.

The Secretary presented from Dr. Silas Durkee, his Treatise on Gonorrhoea and Syphilis, dedicated to Dr. Thomas C. Brinsmade, late President of the Society. Vote of thanks returned.

Dr. CORLISS read an interesting paper on "Tumors." Referred to Publication Committee.

Dr. S. D. WILLARD, a paper entitled "Gun Shot Wound within the Cavity of the Thorax." Same reference.

Dr. CHARLES BARROWS read a paper descriptive of "A case of Direct Inguinal Hernia." Same reference.

Adjourned until Wednesday morning, at 10 o'clock.

Second Day.

The Society met at 10 o'clock Wednesday morning.

The minutes were read and approved.

Dr. GRISCOM said that he rose for the double purpose of correcting the minutes and retrieving the injustice done to a worthy member of the Society. He alluded to the action of the Society in adopting a resolution striking from the minutes all record of a paper read by Dr. Benjamin Lee. It was stated that the gentleman was interested in the article which he had brought before the Society, but he was assured this was erroneous, and it was doing great injustice to Dr. Lee to treat his paper in this manner. He, therefore, moved that the minutes be amended so as to read, "the reading of the paper was suspended, and the paper referred to the Publication Committee."

Dr. McNULTY objected to the motion of Dr. Griscom, and contended that it was not in order, unless a motion to reconsider was first made.

The Secretary read an explanatory letter from Dr. Lee.

Dr. MASON remarked, that he had intended to bring the subject before the Society, as he was con-

vinced injustice had been done Dr. Lee. At the proper time he conceived that it would be just to refer the paper to the Publication Committee. This could be done without amending the minutes.

The Chair decided that the motion of Dr. Griscom was in order.

Dr. B. P. STAATS appealed from the decision of the Chair.

The Society sustained the Chair by a decided vote.

The question then recurred upon Dr. Griscom's motion to amend the minutes, and it was adopted, and the minutes were so amended.

The resolutions relative to establishing a Commission of Lunacy, (as published above,) were then read.

Dr. P. B. STAATS said, that last year he had voted for the appointment of the committee who reported these resolutions, but he now had serious doubts as to the policy of the movement. We had had Inspectors and Commissioners for various purposes, but they had failed to satisfy the public. As the law now stands it provides for an examination by two respectable physicians, and on their certificate that the patient is in a state of mind to render him unfit to be at liberty, he is committed by Magistrates to the County Poor House, or Insane Hospital. Those physicians, generally speaking, know the patient, and are qualified to pass upon his condition. This was a fair and summary manner of disposing of him. He didn't believe he would be safer in the hands of one Commissioner than under the present arrangement. More than one-half the lunatics are paupers. The expense of the commission, beside the delay it would occasion in passing upon cases of lunacy, would be very great. He concluded by saying that he didn't believe officers of this kind were needed.

Dr. COATES said that Dr. Staats' remarks were very appropriate, and if that was all the resolution contemplated, they might better not have been originated. The examination of cases as alluded to by Dr. Staats, would be but a small portion of the business devolving on this commission. The drawer of the resolution had in his mind views more extensive, and if the commission should be appointed, such cases as alluded to by Dr. Staats, would be left where they are now. But surrounded by laws as we are, that govern matters without, and laws within that govern mind, it seems to be necessary to legalise and systematise the matter, so that the unfortunate claimants for care can be reached and looked after.

It may be the duty of this commission to examine Alms Houses, and look up this class of beings, and have them cared for in a different manner than they now are. They are gathered together in every

poor house, and very little is done for them. This commission *could* do something for them. But there would be a branch of business for this commission still different. It would be the examination of insane criminals. The Governor had, last year, been called upon to examine cases of this character, and was compelled to appoint a special commission to inquire into the alleged lunacy of certain persons charged with crimes. These commissions had disposed of the matter in a different way than a regular legalised commission would have done.

Dr. COATES then alluded particularly to the causes above referred to.

It seemed necessary to systematize this matter, and he did not see how it could be done without legislation. If this thing is to be carried out, there are some points proper to be discussed here, but for the present he would defer further remarks.

Dr. BISSELL favored the adoption of the resolution. This commission would be appointed more particularly to enquire into the condition of lunatics in Poor Houses and Prisons, and ascertain who need the care and protection of the State. This is what the resolutions contemplate.

Dr. STURTEVANT said he had been engaged for the past ten years in the Oneida Almshouse, and could appreciate the value of a Commission of Lunacy. He was strongly in favor of the adoption of these resolutions.

Dr. SANDERS concurred with Dr. Staats as far as he went, but took a wider range. He was in favor of the resolution, and, in case the commission was appointed, hoped it would look into our Lunatic Asylum.

Dr. COVENTRY said Dr. Coates had presented some of the considerations that induced the presentation of these resolutions. Having been placed on the committee appointed at the last annual meeting, to consider this subject, he felt bound to make a report, and after consultation with citizens in different sections of the State, both medical and otherwise, he was satisfied that something should be done for the unfortunate class, of whom the commission would have the care. But a small portion of the insane of the State, find accommodations in the asylums—probably not one-half. Large numbers were congregated in the Almshouses throughout the State, and he asked where is the protection offered them by the State in these cases. Dr. Staats had entirely mistaken the objects of this proposed commission. Its object—as set forth in the report is, in the first place, to examine into the condition of the insane persons, wherever found in the State, and in the second place, and more particularly, to ascertain the condition of the insane, and report to the legislature, whether they are kindly taken care of. In England, they were finally driven to the

necessity of applying for the appointment of a commission, and it worked admirably.

In addition to what has already been said of the duties of the commission, they would have other and important labors to perform. Any person who may have attended criminal trials, where the plea of insanity is set up, knows the farce that is gone through with. He attended trials for weeks, when, on both sides, a large amount of testimony had been offered, as to the insanity of the criminals, and, when the trial had been concluded, the judge told the jury that twelve gentlemen had been called on either side, leaving it impossible for a jury to pass upon the question. Now if a commission should hear the testimony and then give its evidence, it is presumed it would have some influence with the court and jury. As it is now, it must be mortifying to all to see the way the subject is treated.

Another circumstance is, where Executive clemency is claimed or asked on the ground of insanity. Gov. Morgan had asked for an appropriation for the purpose of a commission. It is the course pursued by nearly all the Governments of Europe. I am aware it would be attended with some expense, but compared with the care and attention it would secure to the insane, this would amount to very little.

DR. WILBUR favored the adoption of the resolutions, and related to the Society, briefly, accounts of his visits to some of the Almshouses of the State, showing the wretched condition of the Insane Poor of the State. Unless some commission should be appointed, he could not see how the attention of the public could call to the retrograde movement of removing insane patients from the Lunatic Asylums to the County Poor House.

DR. COATES said the only difficulty in the way was the manner of the appointment of this commission. It would be well, if practicable, to empower this body to make such appointment. This would secure the appointment without prejudice or political influence.

DR. COVENTRY said a petition on this subject had already been presented to the Senate, and referred to the Medical Committee of that body. The number of Commissioners, and the manner of their appointment, would be embodied in the bill, and the duty of framing it, would devolve on that committee. He thought the less we meddle with legislation the better we should be off, excepting, however, to recommend measures conducive to the public health and good.

DR. PARKHURST favored the adoption of the resolutions, as he deemed it necessary for the care and protection of the insane.

The question was then taken up on the resolutions, and they were adopted.

The number of the committee was fixed at five,

and the Chair appointed Drs. Coventry, Bradford, Coates, Mason and Sanders, such committee.

DR. SQUIBBS then read a communication from the Kings County Society entitled, "Notes upon New Remedies."

DR. McNULTY, and others, pronounced it the most valuable paper yet presented, and a motion to return the thanks of the Society to its author, Dr. Squibbs, was unanimously adopted, and the paper referred to the Publication Committee.

The Secretary presented a communication from the Medical Society of Schuyler county. Referred to Publication Committee.

DR. ORDROUNNAUX next read a memorial from the Queens County Society, relative to the laws regulating the practice of Physic and Surgery. Accompanying it was a report made to the Queens County Society, on the subject, by Dr. John Ordrounaux, being a legal opinion. Referred to the Publication Committee.

MR. GOODRICH, from the Committee appointed at the last meeting to inquire into the subject of "Anæsthetic Agency, its origin, its authorship and its first introduction into Medical and Surgical Practice in the United States," presented an elaborate report, and concluded by awarding to Dr. Wells the credit of being the discoverer of Anæsthetic Agency.

The report was accepted and referred to the Publication Committee.

DR. STAATS moved the adoption of the report.

DR. GRISCOM remarked that long before Dr. Wells was born, Anæsthesia had been discovered, and that to Humphrey Davy belonged the credit for its discovery, if to any one. Dr. Wells did not discover the idea; he merely took it up and carried it forward. He claimed that Drs. Morton and Wells stood upon the same platform, and he was opposed to the Society saying that the claim of originality belonged to either of them.

DR. JONES explained the connection of Drs. Wells, Morton and Jackson with this subject, and thought the Society had better not have anything to do with the matter.

DR. BISSELL moved that the whole subject be laid on the table indefinitely. Adopted.

DR. PARKER, from the Committee appointed at the last meeting to examine certain Pharmaceutical preparations, presented their report which was adopted, and referred to Publication Committee.

DR. PERCY read a paper on "Pharmaceutical Preparations," which was referred to the Publication Committee.

Recess until 3½ o'clock.

AFTERNOON SESSION.

The Society re-convened at 3½ o'clock.

DR. BRINSMADE, from the committee appointed to

consider the recommendations of the American Medical Association, on several subjects of importance, presented a report, accompanied by the following resolutions:

On the Subject of Criminal Abortions.

Resolved, That the Society cordially approves of the action of the American Medical Association in its efforts to exhibit the extent of the evils resulting from the procuring of Criminal Abortions and of the means which are adopted to prevent its commission, and cheerfully comply with the request to a "zealous co-operation" for the furtherance of more stringent legislation, in regard to this most destructive and revolting crime, committed almost with impunity, and with appalling frequency.

Resolved, That a committee of three be appointed to present the memorial of the President and Secretaries of the American Medical Association, which has been read, to the Legislature of this State at its present session.

The resolutions were adopted, and Drs. Staats, Armsby and Townsend, were appointed the committee.

On the New York State Inebriate Asylum.

WHEREAS, In the opinion of this Society there is no Hospital or Asylum in our country, so well calculated to relieve so much suffering, and prevent so much insanity, idiocy, and death, as the New York Inebriate Asylum, now in course of construction at Binghamton, where founded; therefore,

Resolved, That the Society most earnestly recommend to the Legislature of the State of New York, the importance of appropriating a sufficient sum of money for the completion of the Inebriate Asylum.

Resolved, That a committee of three be appointed to present this action of the Society to the attention of the Legislature of the State, now in session, and to use their influence to obtain an enactment in accordance with the above resolution.

The resolutions were adopted, and Drs. Blatchford, March and Quackenbush, were appointed such committee.

Dr. ORDROUNAUX offered the following resolution, which was adopted:

Resolved, That a committee of five be appointed to report upon the feasibility of amending the present laws of the State regulating the practice of Physic and Surgery, and if so, in what way.

Drs. ORDROUNAUX, Jones, Mason, Willard, and Strew were appointed such committee.

Dr. COATES offered a resolution that a committee of three be appointed to report upon the subjects presented in the Inaugural Address of the President; which was adopted, and Drs. Coates, Griscom, and E. H. Parker, were appointed such committee.

Dr. BALL offered the following preamble and resolution:

WHEREAS, In view of the extensive adulteration of drugs, which are sometimes sold by Apothecaries, resulting often in great damage to the patient; and disappointment to the Physician,

Resolved, That a committee of five be appointed by the Chair, of which Dr. Squibb shall be Chair-

man, to report at the next meeting of this Society, some measure calculated to correct this growing evil.

Adopted, and Drs. Squibb, Ball, Joel Foster, Percy and Husted, were appointed such committee.

Dr. WM. TAYLOR offered the following resolution:

Resolved, That a committee of three be appointed to present to the Legislature the subject of providing by law for a more general vaccination in this State, and that the report made by a committee to this Society, at its session of 1859, and the action of the Society thereupon, be communicated to the Legislature, with the request that a law be passed at its present session in conformity to the suggestions contained in said report.

Adopted, and Drs. Wm. Taylor, Boyd, and Vanderpool were appointed such committee.

The Secretary presented the following papers:

"A case of gun-shot wound, the ball passing through the chest entire, and escaping from the back," by Dr. N. C. Husted, of New York city.

"Facial paralysis," by Dr. F. Everts of Oswego.

Referred to Publication Committee.

The Society then adjourned until Thursday morning at 9 o'clock.

Third Day.

The Society was called to order at 9 o'clock A. M.

The minutes were read and approved.

Dr. PARKER, from the Committee on the President's Address, presented the following resolutions:

Resolved, That a committee of three be appointed by the President, to represent this Society in the Medical Convention for the revision of the Pharmacopoeia, to be held at Washington, D. C., on the first Wednesday of May next, and that this Committee be instructed to act in accordance with the recommendations of the President's Inaugural Address. Adopted, and Drs. Squibb, Howard Townsend, and Caleb Greene were appointed such committee.

Resolved, That a committee of five be appointed by the Chair, to take into consideration so much of the President's Address as refers to a Topographical and Hydrographical Survey of the State, with reference to systematic drainage, as a hygienic measure, and to report at the next session of the Society. Adopted, and Drs. Harris, Orton, Bradford, Seymour and Hunt, were appointed such committee.

The report of the Treasurer was made, and referred to Drs. Mason, Beattie, and Bradford.

Dr. HOFF presented a paper from Alfred Mercer, M. D., read before the Syracuse Medical Association, entitled "prevention, contagiousness, and diagnosis of small pox." Referred to publication committee.

Dr. A. WILLARD presented a biographical notice of Levi Farr, M. D., of Greene, Chenango county. Referred to publication committee.

Dr. MASON, from the committee to examine the

Treasurer's books, reported that they had compared them with his vouchers, and that they find them correct. Report accepted.

DR. COVENTRY, from the Committee on Nominations, presented the following report:

President.—DANIEL T. JONES, of Onondaga Co.

Vice President.—E. H. Parker, Poughkeepsie.

Secretary.—Sylvester D. Willard, Albany.

Treasurer.—J. V. P. Quackenbush, Albany.

Publication Committee.—Thomas Hun, S. D. Willard, and Howard Townsend.

Censors were appointed for each District, also Committees of Correspondence. Names were recommended for election as permanent members, and others nominated.

Nominations for Honorary Members.—Dr. Braithwaite, London; Dr. Wm. Carpenter, London; Oliver P. Hubbard, Hanover College; P. A. Jewett, New Haven; Prof. D. Crosby, New Hampshire.

For Election as Honorary Members.—Alfred Stillé, Philadelphia; Geo. Mendenhall, Ohio; J. Mason Warren, Boston; Warren Stone, New Orleans; Ernest Hart, London; B. H. Catlin, Connecticut.

Committee on Epidemics.—1st. Dist., E. Hams; 2d Dist., C. A. Lee; 3d Dist., T. C. Brinsmade; 4th Dist., A. F. Doolittle; 5th Dist., Luther Luiteaw; 6th Dist., A. Willard; 7th Dist., E. Carr; 8th Dist., H. M. Conger.

Delegates to the American Medical Association.—S. Foster Jenkins, New York; Dr. Goran, Rockland; Dr. Wilbur, Syracuse; Thos. Hun, Albany; Caleb Green, Homer; Dr. Blatchford, Troy; Dr. Brinsmade, Troy; A. Clark, New York; A. L. Sanders, Madison; H. Deering, Utica; Aaron Green, New York; C. A. Lee, Peekskill; Dr. Hall, Auburn; J. F. Trowbridge, Syracuse; R. H. Hamilton, Buffalo; Daniel P. Bissell, Utica; Seth Shove, Westchester; B. Fordyce Barker, New York; Toms Jacobs, Delaware; Joseph Beattie, Geneva; Theodore L. Mason, Brooklyn; Wm. Rockwell, New York; B. P. Staats, Albany; W. W. Strew, Queens.

Honorary Degrees of Medicine.—Francis J. D'Avignon, Clinton; Harrison Teller, Brooklyn; Peter Moulton, New Rochelle.

The report of the committee was accepted, and the nominees, as presented by the committee, were elected to the respective positions for which they were named.

DR. McNULTY offered a resolution, that the Society appoint delegates to attend the National Quarantine and Sanitary Convention, to be held at Boston, in June next. Adopted.

The Chair appointed the following gentlemen as delegates: J. McNulty, J. H. Griscom, E. Harris, J. H. Douglass, S. R. Percy, B. P. Staats, E. H. Parker, S. C. Foster, J. J. Alton, A. H. Hoff, J. O. Van Hoevenburgh, S. Strew, A. Crispell, J. Ordrouaux, H. Corliss, T. W. Blatchford, F. Jacobs, A. E. Varney, J. F. Jenkins, C. V. W. Burton, T. C. Brinsmade, N. H. Deering, D. H. Bissell, M. F. Cogswell, J. Lee, J. Fordyce Barton.

DR. FOSTER called attention to a resolution adopted at the last meeting of the Society, that County Medical Societies furnish the State Society with a complete list of the number of their members in each year, and of those who have died, together with the ages at which death took place.

DR. BRINSMADE presented the list of members, &c., of the Rensselaer County Medical Society. Referred.

DR. BLATCHFORD presented a condensed statement of what has been attempted in the direction of medical education, by the Medical Convention of 1846 and 1847, and by the American Medical Association, since its organization in 1847. Referred to Publication Committee.

DR. A. J. DALLAS presented a biographical notice of Dr. Jas. Briggs, of Onondaga. Same reference.

DR. BRINSMADE presented the mortuary record of the city of Troy for 9 years, from 1851 to 1859 inclusive; also a record of private practice for the years 1858 and 1859. Same reference.

DR. DANIEL HOLMES, of Canton, Bradford Co., Penn., read a paper entitled "Fracture of the neck of the femur within the capsule, with bony union in fourteen weeks and three days.

DR. MARCH offered the following resolutions:

Resolved, That we have listened with great interest to the paper just read, by Dr. Holmes, on inter-capsular fracture of the neck of the thigh bone; that the history of the accident, the symptoms, treatment and result, together with the examination of the post-mortem specimen, furnish satisfactory evidence of the existence of a fracture, as claimed by the author, that it was complete, not impacted perfectly within the capsular ligament, and so firmly united, as not to admit of separation without the use of great violence.

Resolved, That the thanks of the Society be presented to Dr. Holmes for his highly instructive and useful papers; and that he be requested to furnish a copy for publication in the Transactions of the Society.

Adopted.

DR. BRINSMADE offered the following resolution:

Resolved, That the paper of Dr. Holmes, with the specimen of the bone, be referred to a committee of three, with Dr. March as chairman, to report at the next meeting of the Society.

Adopted, and Drs. March, Brinsmade, and E. H. Parker were appointed such committee.

DR. FRENCH moved that a committee be appointed to address a letter to the Secretary of each County Medical Society here represented, requesting said Secretary to furnish the names of such County Society, and the names and age of all such members who have died for the last five years. Adopted, and Dr. French appointed such committee.

DR. COVENTRY offered the following resolutions, which were adopted:

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Resolved, That the committee appointed to confer with the Medical Committee of the Legislature, on the subject of the appointment of Commission of January, be discharged.

Resolved, That a committee of three, residing in the city of Albany, be appointed, with authority if such appointment cannot be effected at the present session of the legislature, to present the subject early to the next legislature.

Dr. ARMSTRONG offered the following resolution:

Resolved, That the habit of prescribing by regular physicians, articles of medicine, whether in the form of fluid extracts, sugar-coated pills, patent medicines, or other articles prepared by non-professional persons, or by persons ignored of their therapeutical properties, or by persons not recognized by the Medical profession as possessing the necessary qualifications, incompatible with the honor, dignity, and best interests of the profession, for the following reasons:

1st. Because the component parts of said medicines cannot be known with certainty.

2d. Because it is doing injustice to a useful class of persons, who, although not identified, are closely connected with the profession, and is justly regarded as auxiliary to its uselessness.

3d. Because it encourages a class of persons in respect responsible for its honor and integrity.

4th. Because it commits the best interests of the profession to those who endeavor to profit by its sanction and patronage.

5th. Because it affords facilities and encouragement to non-professional persons, wholly incompetent to prescribe for themselves, and thus the profession is sometimes made to aid, by its sanction, the commission of criminal practice.

Adopted.

Resolutions were adopted returning thanks to the retiring officers, and also to the Mayor and Common Council of the city of Albany, for the use of the Common Council Chamber.

The Society then adjourned *sine die*.

EDITORIAL DEPARTMENT.

Periscope.

Closure of the Fontanelles—Physicians are often questioned about the proper time for the closure of the anterior fontanelle, and it may be difficult for some to answer, since the best anatomists are at variance on this point. We therefore think that it may not be unacceptable to give a summary of some recent observations, by Henri Roger, in the *Union Médicale* for November, 1859.

The researches are based upon the fact, that a cephalic souffle is not heard when the opening is closed by bone.

In three hundred children the anterior fon-

tanelle was never found closed before the age of fifteen months, and never opened after the age of three years.

It must be stated, however, that a distinction is to be made between the clinical and anatomical closure—the first being recognizable during life, the second after death.

In the first case, that is the clinical closure, the size of the opening gradually diminishes, while, at the same time, the membrane becomes thicker until it finally feels like bone. When this takes place, the cephalic souffle is no longer perceptible. The only method of determining the absolute closure by bone, is to examine the dead body. Still, we may assume, that when the fontanelles appear to be closed by ossification, they really are so.

The results arrived at in the manner above mentioned, are as follows: The period of ossification is comprised between the ages of fifteen months and three years and a half. At the first age the complete change is very rare; at the last, is always found. But these are the extremes. The occlusion generally takes place between the second and third year, and its frequency is regularly progressive from the twentieth to the twenty-third month, increases rapidly after the second year, and still constantly augments until the age of three and a half years.

Two diseases retard this change—rickets and hydrocephalus; the first by its influence upon the ossific process, the second by its mechanical action. The non-closure of the fontanelles at the usual time, may be one of the first manifestations of rickets, and warn us of the approach of the disease.—*Boston Med. and Surg. Journal*.

Cauterization of the Ear for Sciatica—Dr. E. H. SHOLL, of Warsaw, Ala., writes as follows:—

In the *N. Y. Journal of Medicine*, Sept., 1850, is an extract from a French journal on an article of M. Malgaigne, in reference to the cauterization of the lobe of the ear, opposite to the affected side for the cure of sciatica. I tried it in one case, using a red-hot nail, with instant relief, which continued for three months, returning then, though in a milder form. It readily yielded to a second cauterization, and did not again return, while the case was under my observation.

Large discoveries of mineral coal have recently been made in the arrondissement of Alais, in France.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 18, 1860.

IATRADELPHIÆ.

Editordelphiæ ought, perhaps, to have been the word—but, somehow the component parts do not harness well together, and we content ourselves with the more comprehensive and euphonic title which stands at the head of this article.

The advent of each new year brings upon the stage a new corps of editors, *chapeaux à mains*, anxious to render their medical brethren such literary service as they can. We are always glad to welcome them, when we can feel assured that they will serve the profession honorably and faithfully. We have already introduced several of these new-comers this year, and now have the pleasure of bringing forward others.

1. We have received the first number of the *Louisville Medical Journal*, Dr. Thomas W. Colescott, editor, and Dr. John R. Timberlake, proprietor and publisher. The *Journal* we presume is to be issued monthly, though nothing is said, that we can find, in regard to the frequency of publication. The initial number appears well. It contains sixty-four pages, and the editor's inaugural gives promise of a journal to be conducted in the right spirit. Dr. Colescott has been in the editorial harness before, and having aroused himself from a sleep of eleven years, we doubt not he enters on his duties like one refreshed and invigorated by rest. The enterprise has our hearty good-will. It is in the hands of the profession entirely, and is independent—two qualities that ought to insure success. Subscription price, \$3 per annum.

2. We noticed, in a former number, that the *Virginia Medical Journal* was to become the "*Maryland and Virginia Medical Journal*." The first number under the new arrangement has been received. We have been in the habit of recommending the *Virginia Journal* as one of the best monthlies in the country, and when we say that it has lost nothing, but rather gained, by the union with Maryland—

or rather by annexing Maryland—we need say no more in its favor. The salutatory of Dr. Van-Bibber, of Baltimore, as assistant editor, is excellent. The editorial toga sets well on his shoulders. Long may he wear it!

We confess to a strong distaste to the parade of twelve "co-editors" on the title page. They are all good names, but too much for one journal to carry. They will surely swamp it. The experiment has been often tried but always failed. It reminds us of the shipwrecked merchant who loaded himself with gold and endeavored to reach shore, but the downward tendency of the precious metal carried him to the bottom! Our friends will find it policy to drop the co-editors.

3. Our hebdomadal friend, the *Boston Medical and Surgical Journal*, which lately went into mourning for the loss of two of the best editors in the Union—

"Like Daphne she, as lovely and as coy," has doffed the weeds of her widowhood, having yielded to the suit of two swains whose names are not unknown to the literature of our country, for the contributions of their pens have for years been familiar to the profession. Drs. Oliver and Ellis are men of talent and ability, and are capable of conducting the *Journal* with credit to themselves and profit to the profession. In reading their salutatory we thought there was a little evidence of want of confidence in themselves, and too much disposition to rely on the profession. Let them lead on in a confident self-reliant spirit, which we doubt not they will do, and the profession will follow on. This they may rely upon.

ACUPRESSURE.

The article by Dr. Simpson on this subject in the *REPORTER* of Feb. 4th, and which was published, we believe, in advance of any other medical journal in this country, is attracting a good deal of attention. It seems, however, from the following statement of Dr. Henry Carpenter, of Lancaster, in this State, that he has employed the same method for arresting hemorrhage for the past three years. The first case in which Dr. Carpenter employed it was one of a wound of one of the branches of

News and Miscellany.

Dr. E. H. Sholl, of Warsaw, Ala., recently amputated the foot at the ankle joint in a case of senile gangrene in a negro over 100 years old.

Overlaid Children.—It has been noticed in the city of London, that the occurrence of deaths among young children from being overlaid by their parents, is more frequent during the holidays, and particularly on Saturday nights, at which times their parents are more liable to be overcome by intoxication.

Three natives of Madagascar are studying medicine in Paris.

Prize Essays of the American Medical Association.—All essays offered for the prize must be sent on or before April 1, to some one of the Committee, who are, Drs. Worthington Hooper, (Chairman), New Haven, Conn.; G. C. Shattuck, Boston, Mass.; Usher Parsons, Providence, R. I.; P. A. Jewett and Jonathan Knight, New Haven.

Mr. H. Poole, who was sent by the Foreign Office (English) to the Dead Sea to search for nitre, which was reported to occur there, has returned without success.

Concours for Railway Doctors in Germany.—The Directory of the new Franco-Austrian State Railway Company has offered for competition fifty well-paid posts of railway-surgeons, and there were 251 candidates. It is stated that merit and services already rendered to medicine were the sole points for guidance in the choice, which seems chiefly to have been determined by Dr. Keller, the principal medical officer of the company.

Chinese Medicines.—The Chinese apothecary prepares roots, barks, leaves, fruits, seeds, resins, oils, alkaline earths, metals, crystals, animal bodies and their several parts, especially their secretions and excretions, into infusions, decoctions, powders, pills, extracts, secret preparations, salves, plasters, &c. The mixtures, decoctions of plants, solutions of salts, &c., acquire, by the addition of brown sugar, and of mucous and gelatinous substances, a pretty uniform appearance and a similar taste. The soluble substances are often prepared before the patient in an enormous quantity of infusion of tea, and he drinks the

the palmar arch. It answered admirably, in connection with well directed moderate pressure. From his experience with this method, Dr. C. thinks it well calculated to answer the purpose in many cases, and may often enable the surgeon to arrest hemorrhage without a resort to ligation of the vessel.

Another case has quite recently occurred in which the same method was resorted to, but we expect soon to have a full report of it for publication.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Through the kind attentions of the Secretary, we are enabled to present a complete report of the proceedings of this society at its last annual session. This is one of the best organized medical societies in this country, and its transactions are always interesting and useful. We trust that our readers will not fail to peruse the report we publish this week. It may stimulate them to do something for the medical societies of their own States.

SOUTHERN AGENT.

Mr. W. A. Miller, of Cecil County, Maryland, has gone to the South on an agency for this journal, to obtain subscribers and interest the profession in the enterprise. He will commence his labors in Georgia. As we already have subscribers in nearly thirty counties in that State, we feel confident that he will meet with encouragement there, which we doubt not will follow him into any other States he may visit.

Will our subscribers in the South prepare the way for Mr. Miller by speaking a good word for the REPORTER, in advance of his visit to their vicinities?

We shall soon send out agents to other sections of the Union, having commenced the year with a determination to add largely this year to our already large circulation. With a circulation in Philadelphia alone, *outside of the Medical Schools*, of nearly 500, we feel that we stand on a foundation that will warrant an almost unlimited amount of branching out.

medicine and the vehicle in the hot state; the powders are sold in small porcelain and stone jugs, and the stoppers being unscrewed, have on their inner surface a little bonespoon, with which the medicine is drawn out: the pills, which are uniform, and very beautifully rolled and often gilded, are packed in air-tight white transparent wax globes, containing one or two doses. The plasters and salves, usually spread upon red cloth, have a variously-colored paper envelope, written over with explanations and praises of the remedy.

The Chinese divide their remedies into two great classes—namely, those which produce fat, and aphrodisiacs. A large paunch is considered a great title to admiration, and the devotion of this extraordinary people to the fair sex is well known.—*Brit. and For. Med. Chirurg. Review.*

To Correspondents.

Dr. D. D. H., Cherokee Nation—Your bill of drugs has been handed to Bullock & Crenshaw, and you can depend on its being filled to your satisfaction, and the goods well packed. With no desire to depreciate Boston, we think you will find that Philadelphia druggists are the best you ever dealt with. Parrish's Pharmacy will go with the drugs.

Two correspondents wish to procure copies of Vol. 4 of the Transactions of the American Medical Association. If any of our readers have this volume, and do not desire to keep complete sets of the Transactions, there will be no difficulty in disposing of a large number of copies, even at an advance on the original cost.

COMMUNICATIONS RECEIVED.—*Arkansas*, Dr. W. Dunlap, (with encl.)—*Cherokee Nation*, Dr. D. D. Hithcock, (with encl.)—*Dis-trick of Columbia*, Dr. D. S. Edwards, (with encl.)—*Illinois*, Dr. W. M. Landon—*Indiana*, Dr. T. P. Bicknell, Dr. J. A. Blacknell (with encl.) Dr. Frederick Waggoner—*Iowa*, Dr. E. J. Fountaine—*Mississippi*, Dr. J. W. Spillman—*New Jersey*, Dr. C. V. Moore, (with encl.) Dr. L. Drake, (with encl.)—*New York*, Dr. L. P. Greenwood, Dr. S. D. Willard, (2.) Tilden & Co. (with encl.) Dr. R. E. Van Giron—*Ohio*, Dr. James Smith—*Pennsylvania*, Dr. J. L. Stewart, Dr. H. Carpenter, (with encl.) Dr. Chas. C. Bombaugh, Dr. O. D. Palmer, Dr. A. C. Murdock, Dr. J. B. Dunlap, (with encl.) Dr. G. S. Kemble, Dr. Alonzo L. Cryler, Dr. J. Flynn, Dr. J. L. Stewart, Dr. F. McGrath—*Tennessee*, Dr. R. W. Scott, (with encl.)

Office Payments.—Dr. Jas. Roberts, Dr. Brooks, Dr. Lawrence, Philadelphia Coll. Dental Surgery, (adv.) Dr. B. N. Baker, Dr. A. O. borne, Dr. G. W. Jackson, Mr. L. Holmold, (adv.) Mr. T. J. Husband, (adv.) McAllister, Bro., (adv.) Dr. J. H. Pugh, W. C. & J. Neff, (adv.) Orum & Armstrong, (adv.) Mr. W. G. Hoskins.

DEATHS.

SMITH.—At a meeting of the Faculty and Students of the Jefferson Medical College, held on Wednesday the 9th inst., Prof. Dunglison, of this city, being appointed Chairman, and Fred-Taylor, of New York, as Secretary, the following resolutions were unanimously adopted;

WHEREAS, It has pleased the Almighty, in his wise providence, to remove from us our pupil and class-mate E. Griffin Smith, of the State of New York,

Resolved, That we most deeply deplore in his death the loss at once of a dear friend and beloved pupil and class-mate, whose many noble qualities have endeared him to every member of the faculty and class.

Resolved, That we tender to his bereaved family, in their sorrow, our heartfelt and earnest sympathy, trusting that in this sad manifestation they may recognise the hand of "Him who doeth all things wisely."

Resolved, That these resolutions be printed in the Philadelphia Daily Ledger and in the Philadelphia Medical Reporter, and that a copy of them be transmitted to his family.

E. Griffin Smith, the son of the Hon. E. Darwin Smith, of the State of New York, was born in Rochester, (N. Y.), in September, 1835. His health had always been feeble. He spent the years 1855-56 in the tropics, and entered Jefferson College in the fall of '57. He devoted himself most assiduously to study, and his own ambition laid the seeds of the disease which carried him to his early grave. No death, which has ever occurred among our ranks, has caused deeper sorrow and regret than this. As a son and brother, he was devoted and affectionate. As a student, his ambition, talents, and gentlemanly deportment, gained him the respect of all his Professors. As a friend, he was sincere and true, and dying, he bore with him the love of all who knew him. The professors and students accompanied the body to Walnut street wharf, (the last sad respect which we could pay to our departed brother,) whence it was sent, per express, to Rochester. May the soul which we have sustained, prove of good to us all; and may God soften the blow which falls upon his absent mother. Our friend has gone, but his memory will live with us.—Requiescat in pace.

FRED. T.

WILLARD.—In Wilton, Conn., Feb. 9th, after a protracted illness, Dr. David Willard, aged 71 years. Dr. W. was father of Dr. S. D. Willard, of Albany, N. Y.

This announcement of the death of one whom we had the pleasure of knowing in days gone by, brings to our knowledge the fact that, in the person of the deceased, we have, for sometime, been unwittingly in pleasant correspondence with our old school-mate and friend.

SUMMER INSTRUCTION

FOR STUDENTS OF MEDICINE.

THE EIGHTH ANNUAL COURSE OF LECTURES OF THE Philadelphia Association for Medical Instruction, will commence on the first Monday in April, 1860, and will continue, with the usual mid-summer recess, until the opening of the winter schools. The lectures are so arranged as to permit the student to avail himself of the numerous clinical courses delivered in the city, both at the Hospitals and elsewhere.

Obstetric Cases are awarded to such of the class as desire them.

The following is the schedule of the course:
Medical Chemistry, by Robert Bridges, M. D.
Obstetrics and Diseases of Women, by William V. Keating, M. D.
Anatomy, by Ellerslie Wallace, M. D.
Institutes of Medicine, by S. Weir Mitchell, M. D.
Institutes and Practice of Surgery, by Addison Hewson, M. D.
Principles and Practice of Medicine, by J. Da Costa, M. D.
Materia Medica and Therapeutics, by James Durrach, M. D.
Surgical Anatomy and Operative Surgery, by John H. Britton, M. D.

The Department of Practical Obstetrics is under the charge of Dr. Keating, assisted by Dr. William D. Hoyt. Board and accommodations during the summer, are, in Philadelphia, usually to be obtained on more reasonable terms than during the winter.

For further information relative to the course, apply to
 ELLERSLIE WALLACE, Secretary,
 No. 277 South Fourth street, Philadelphia.

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NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia.

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